

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000055434**

1. Entity Name

**SOUTHEAST SALES & MARKETING, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**5660 WEST CYPRESS**

Suite, Apt. #, etc.

**SUITE A**

City & State

**TAMPA, FL**

Zip

**33607**

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3722510**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**JACK PROVENZANO**

Street Address (P.O. Box Number is Not Acceptable)

**5660 WEST CYPRESS**

**SUITE A**

City

**TAMPA,**

**FL**

Zip Code

**33607**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**JACK PROVENZANO**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P BARBARA JOHNSON 3433 HOLLYWOOD OAKS HOLLYWOOD, FL 33312</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000009077580-0 -11/18/02-01100-004 ****185.00 ****150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/S/T PAULA MESSIER 5660 WEST CYPRESS TAMPA, FL 33607</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JACK PROVENZANO 5660 W. CYPRESS TAMPA, FL 33607</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DANIEL ROBINSON 2805 BERWICK DR. TARPOON SPRINGS, FL 34688</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

**THE GEARY GROUP, P.C.**

CERTIFIED PUBLIC ACCOUNTANTS  
AND BUSINESS ADVISORS

51221 Schoenherr Road, Ste. 105  
Shelby Township, MI 48315

586-726-0010

fax 586-726-9901

Email: Gearygrouppe@aol.com

November 13, 2002

Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Southeast Sales & Marketing, Inc.  
59-3722510  
P01000044434

The Corporation moved their office from the Aqueduct Terrace, Odessa address to 5660 West Cypress, Tampa

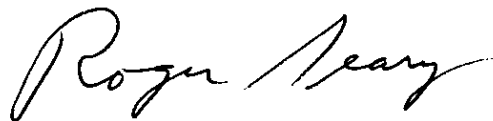
A change of register agent form was not filed for the new address.

The original uniform business report form nor a notice of non- receipt of a filed form were not received by the Corporation. The first notice received was the notice of dissolution.

Attached is the UBR form and a statement for the change of address and a check for \$ 150.00 plus \$ 35.00 = \$ 185.00.

We are asking that the potential extra reinstatement fees be waived and the attached filings be accepted without penalty.

Sincerely,



Roger Geary